IMAGEN

BPP ULTRASOUND

Name: _____ Date: _____

Physician: _____ DOB: ____/____/_____ Age: _____

Patient ID: _____ Accn #: _____

Clinical Indications: _____

LMP: _____ EDD: _____

VISUALIZED:	GESTATIONS	☐ NONE	☐ SINGLE	☐ MULTIPLE_____	
	FETAL PRESENTATION	☐ CEPH	☐ BREECH	☐ TRANS	
	CARDIAC ACTIVITY	☐ YES	☐ NO	_____ BPM	
	4 CH HEART	☐ YES	☐ NO		
	3V CORD	☐ YES	☐ NO	_____ S/D RATIO	
	NORMAL FLUID	☐ YES	☐ NO	_____ AFI	

PLACENTA LOCATION ☐ ANTERIOR ☐ POSTERIOR ☐ FUNDAL

☐ HIGH ☐ LOW

PLACENTAL GRADE _____

PREVIA ☐ No ☐ Yes ☐ PARTIAL/MARGINAL

BIOPHYSICAL PROFILE:

FETAL BREATHING MOVEMENT	_____
GROSS BODY MOVEMENT	_____
FETAL TONE	_____
QUALITATIVE AFV	_____
TOTAL	_____

Additional Comments: _____

_____

Sonographer: _____ Contact #: _____